	Application Number	Filing Date
	Applicant(s)	

CLAIMS	AS FILED 9/29/0		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Dep
1	/							51						
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47								97						
48								98						
49								99						
50								100						
Total Indep	6							Total Indep						
Total Depend	17							Total Depend						
Total Claims	23							Total Claims						